

SBC Webinar on How to Understand the Barriers & Motivators to Change 11 August 2020

Responses to Unanswered Questions

1. What is the minimum duration of an SBC research identifying the key barriers and enablers?

It very much depends on what type of data you already have and how many behaviours you want to research. For example, if you already have quantitative data on the proportion of people that practice the given behaviours (so that you can decide which behaviours to research), it is possible to conduct primarily qualitative research. Assuming this + researching about 4 behaviours, the research methodology and tools can be prepared in approx. 5 working days, enumerators can be trained in 3 days, data collected and analysed in approx. 8-10 days + you need additional time for reporting, discussing findings with stakeholders, planning follow-up actions, etc. All together you are looking at at least 22 working days (i.e. one month). On the other hand, if you simply don't have so much time, you can simply incorporate some of the key questions into any other M&E activities that you plan to implement (such as your baseline survey / KAP survey / mid-term review etc.). This will take only little of your time and you can still gain very useful data on the key enablers and barriers. Please check [GIZ's SBC Guide](#) for examples of research questions that you should ask.

2. When using Barrier Analysis, what if we increase the number of Doers and Non-doers to more than 45?

Interviewing more people will not lead to your findings becoming significantly more precise. If you interview fewer than 45 individuals from each group, you run the risk of not identifying truly important differences between Doers and Non-Doers. Please see more information at page 66 of the [Practical Guide to Conducting a Barrier Analysis](#) (point What sample size should be used?).

3. I like the example of what motivates me to exercise however it is also very complex as people have many reasons to be doers/non doers. What happens when people identify multiple reasons why they don't practice a behaviour?

(In addition to Petr's response during the webinar) In a Doer/NonDoer analysis, one compares responses from people who are already doing the behaviour (Doers) with those who are not (NonDoers) in order to identify the ways in which they *differ*. You are likely to discover long lists of reasons from each group -- of what good or bad things happen when they do the behaviour; what makes it hard or easy to do the behaviour; and who would approve or disapprove of their doing the behaviour. You may dismiss the factors that Doers and NonDoers have in common. You would expect to find a *few factors* that distinguish the Doers from the NonDoers. Those are likely to be the most powerful behavioural determinants, that is, the benefits and barriers for the program to address.

4. Would you suggest repeating a barrier analysis through a project life cycle or is it a one-off exercise at the start of a project?

Barrier analysis is generally seen as a formative research method, that is, used at the beginning of the cycle to identify the behavioural determinants or the specific factors you will address because they are shown to be the most likely drivers of the behaviour for this priority group. I encourage people to track people's beliefs or attitudes as part of mid-term and end-line evaluations. For example, let's say that the program's theory of change indicates that the program's activities will increase two beliefs, that is:

- increase a woman's belief that it is safe to feed eggs to a 6-month-old child and
- Increase her perception that her priest believes that she should feed her child milk and eggs even on fasting days.

The theory of change is that increases in these beliefs will be associated with increases in the behaviour of feeding children milk and eggs every day.

The program evaluation, conducted at several times throughout the implementation, would then convert these beliefs and behaviours to indicators to track regularly and to quantify prevalence of beliefs and behaviours:

- Percentage of women who believe eggs are safe for a 6-month-old
- Percentage of women who believe that the priest approves of giving children milk and eggs every day, even on fasting days
- Percentage of women who feed their children milk and eggs every day (the desired behaviour)

This allows the program several ways to assess impact. Did the program increase these beliefs? Is there an increase in the behaviour? Statistical analyses will allow you to check your theory of change. Are women who report exposure to your program's activities more likely to hold these beliefs; and is there a dose response? Finally, is there an association between holding either of these beliefs and doing the behavior?